

**510(k) Summary**

K992487

**Trade Name:** Mitek Mini QuickAnchor® Plus

**Sponsor:** Mitek Products  
60 Glacier Drive  
Westwood, MA 02090  
Registration #1221934

**Contact:** Christine Kuntz-Nassif  
Telephone: (781) 461-9700  
Fax: (781) 461-9166

**Device Generic Name:** Smooth or threaded metallic bone fixation fastener

**Classification:** According to Section 513 of the Federal Food, Drug, and Cosmetic Act, the device classification is Class II.

**Product Code:** HWC (21 CFR 888.3040)

**Predicate Devices:** K921873 - Mitek GII Mini QuickAnchor  
K930892 - Mitek Mini Anchor  
K936311 - Mitek Mini Anchor

**Product Description:** The device described in this 510(k) is a sterile, disposable bone anchor consisting of a titanium alloy shaft with nickel-titanium shape-memory alloy arcs. The anchor is supplied pre-loaded on an inserter with a polyester suture.

**Indications for Use:**

Mitek Mini Anchors have been found substantially equivalent in previous Premarket Notifications for the following indications:

Shoulder: Bankart Repair  
Ankle: Midfoot Reconstructions  
Foot: Hallux Valgus Reconstruction  
Wrist: Scapholunate Ligament Reconstruction  
Hand: Ulnar or Lateral Collateral Ligament Reconstruction  
Pubis: Fixation in the pubis for bladder neck suspension to resolve stress urinary incontinence

This current 510(k) allows modification of the Mini Anchor design in order to accommodate the line extension which includes the Mitek Mini QuickAnchor® Plus, providing a pre-loaded single use anchor on a disposable inserter.

**Safety and Performance:**

The following safety and performance data has been provided to support substantial equivalence of the Mini Anchor for the design modification:

Performance testing: Insertion force, PullOut force, Suture/Suture Hole interface and Off-axis insertion.

**Conclusion:**

Based on 1) safety and performance data, and 2) similarities in design, operating principle, materials, biocompatibility and sterilization method, the Mitek Mini QuickAnchor Plus has been shown to be substantially equivalent to predicate devices under the Federal Food, Drug and Cosmetic Act.



SEP 21 1999

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Ms. Christine Kuntz-Nassif  
Senior Regulatory Affairs Associate  
Mitek Products  
60 Glacier Dr.  
Westwood, Massachusetts 02090

Re: K992487  
Trade Name: Mitek Mini QuickAnchor® Plus  
Regulatory Class:II  
Product Code: HWC  
Dated: July 23, 1999  
Received: July 26, 1999

Dear Ms. Kuntz-Nassif:

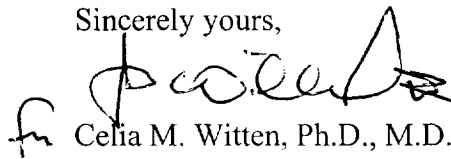
We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4639. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597, or at its internet address "<http://www.fda.gov/cdrh/dsma/dsmamain.html>".

Sincerely yours,

A handwritten signature in black ink, appearing to read "Celia M. Witten", is written over the typed name.

Celia M. Witten, Ph.D., M.D.

Director

Division of General and

Restorative Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

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510(k) Number (if known): K992487

Device Name: Mitek Mini QuickAnchor® Plus

Indications for Use:

The Mitek Mini QuickAnchor® Plus is indicated for:

shoulder (Bankart repair)  
ankle (Mid-foot reconstruction)  
foot (Hallux valgus reconstruction)  
hand (Ulnar or lateral collateral ligament reconstruction)  
wrist (Scapholunate ligament reconstruction)  
pubis (For relief from Stress Urinary Incontinence due to urethral or bladder neck  
hypermobility with minimal or no cystocele).

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER  
PAGE IF NEEDED)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use X  
(Per 21 CFR 801.109)

OR

Over-the -Counter Use \_\_\_\_\_

  
(Division Sign-Off)

Division of General Restorative Devices

510(k) Number

K992487

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